



**AMBULATORY PATIENT DATA  
PUBLIC DATA FILE LAYOUT**  
*EFFECTIVE January 2005*  
Revised 6/2/2009

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Facility Number	
5.	Type of Service	
6.	Pro Code	
7.	Facility Region	
8.	Facility County	
9.	Patient Race or Ethnicity	
10.	Patient Sex (Gender)	
11.	Patient Age	
12.	Length of Service (days)	
13.	Patient Visit Weekday	
14.	Patient Masked Zip Code	
15.	Patient County	
16.	Patient State of Residence	
17.	Hour of Arrival	
18.	Patient Reason for Visit	
19.	Patient Status at End of Visit	
20.	Principal Payer	
21.	Principal CPT or HCPCS Procedure Code	
22.	Other CPT or HCPCS Procedure Codes	Occurs up to 9 times
23.	Principal ICD-9-CM Diagnosis Code	
24.	Other ICD-9-CM Diagnosis Code	Occurs up to 9 times
25.	Principal ICD-9-CM Procedure Code	
26.	Other ICD-9-CM Procedure Code	Occurs up to 4 times
27.	External Cause of Injury Codes	Occurs up to 3 times
28.	Attending Physician ID Number	
29.	Operating or Performing Physician ID Number	
30.	Other Physician ID Number	
31.	Revenue Charges	Occurs up to 11 times
32.	Total Gross Charges	

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**Note:** This document lists data elements from Chapter 59B-9, Florida Administrative Code (F.A.C.), amended effective January 1, 2005. Additional calculated fields are also included as part of the public data file. For more information, or to order data please call (850) 921-0550, or visit <http://www.floridahealthfinder.gov> . To obtain a complete copy of Chapter 59B-9, F.A.C., please visit <http://fac.dos.state.fl.us/faonline/chapter59.pdf> .

DATA ELEMENT NAME AND COLUMN HEADING		DESCRIPTION
1	<b>System Record ID Number</b>  sys_recid	A unique numeric system record identification (ID) number.
2	<b>Report Year</b>  year	The four-digit year.
3	<b>Report Quarter</b>  qtr	A single-digit representing the quarter: 1 – January through March 2 – April through June 3 – July through September 4 – October through December
4	<b>Ambulatory Surgery Center Number</b>  facInbr	A number assigned by AHCA to each facility.
5	<b>Type of Service Code</b>  type_serv	A one digit code indicating type of service: 1 – Ambulatory surgery, as described in 59B-9.015(2)(a), F.A.C. 2 – Emergency department visit, as described in 59B-9.015 (2)(b), F.A.C.
6	<b>Pro Code</b>  pro_code	An internal AHCA program code assigned to each facility type. 14 – Ambulatory Surgery Center 23 – Hospital 64 – Cardiac Catheterization 66 – Lithotripsy
7	<b>Facility Region</b>  fac_region	The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district, as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
8	<b>Facility County</b>  fac_county	The Facility County is a number assigned to indicate the facility's location by county.
9	<b>Patient Race or Ethnicity</b>  race	Self designated by the patient or patient's guardian. A single digit code indicating patients race/ethnicity: 1 – American Indian or Alaska Native 2 – Asian or Pacific Islander 3 – Black or African American 4 – White 5 – White Hispanic 6 – Black Hispanic 7 – Other. Used if self-designated race or ethnicity is not described above. 8 – No Response. Used if patient refused or failed to disclose.

DATA ELEMENT NAME AND COLUMN HEADING		DESCRIPTION																												
10	<b>Patient Sex</b>  <b>Sex</b>	The sex of the patient, a single digit code: 1 – Male 2 – Female 3 – Unknown, used only if unavailable or unknown due to medical condition.																												
11	<b>Patient Age in Years</b>  <b>age</b>	Calculates number of years between birth date and visit beginning date.																												
12	<b>Length of Service</b>  <b>losdays</b>	Calculates number of days between visit beginning date and visit ending date. (NOTE: Patients that have a Length of Service of zero (0) received services that began and ended on the same day. Prior to 2005, Length of Service is not available.)																												
13	<b>Patient Visit Weekday</b>  <b>weekday</b>	One-digit field indicating day of week procedure was performed. 1 – Monday                      5 - Friday 2 – Tuesday                    6 - Saturday 3 – Wednesday                7 - Sunday 4 – Thursday																												
14	<b>Patient Masked Zip Code</b>  <b>maskzip</b>	The five (5) digit US postal service zip code of the patient's permanent residence. These codes are included unless the patient's residence is outside of Florida or resides in an area within the state where the population is less than 500 people. 00000 – Unknown Zip Codes 00008 – Other States and Territories 00009 – Not a U.S. resident 00011 – Masked Zip Code 32000 to 32499 00012 – Masked Zip Code 32500 to 32999 00013 – Masked Zip Code 33000 to 33499 00014 – Masked Zip Code 33500 to 33999 00015 – Masked Zip Code 34000 to 34499 00016 – Masked Zip Code 34500 to 34999 00007 – Homeless (Start 1/02, formerly 22222)																												
15	<b>Patient's County</b>  <b>ptcounty</b>	County of residence. Florida patient's only. The patients' ZIP code is used to reference the U.S. Postal Services database. When a ZIP code crosses county lines, the county code will contain the code of the county in which the greatest portion of that ZIP code lays. (See attached description of Florida Counties by Number).																												
16	<b>Patient State</b>  <b>ptstate</b>	The patient's state of residence. The patients' ZIP code is used to reference the U.S. Postal Service standard state or territory.																												
17	<b>Hour of Arrival</b>  <b>hr_arrival</b>	<table><tr><td colspan="2">The hour on a 24-hour clock during which the patient's visit began for ambulatory surgery (type of service=1); or during which registration occurred in the emergency department (type of service=2).</td></tr><tr><td>00 – 12:00 midnight to 12:59</td><td>13 – 01:00 to 01:59</td></tr><tr><td>01 – 01:00 to 01:59</td><td>14 – 02:00 to 02:59</td></tr><tr><td>02 – 02:00 to 02:59</td><td>15 – 03:00 to 03:59</td></tr><tr><td>03 – 03:00 to 03:39</td><td>16 – 04:00 to 04:59</td></tr><tr><td>04 – 04:00 to 04:59</td><td>17 – 05:00 to 05:59</td></tr><tr><td>05 – 05:00 to 05:59</td><td>18 – 06:00 to 06:59</td></tr><tr><td>06 – 06:00 to 06:59</td><td>19 – 07:00 to 07:59</td></tr><tr><td>07 – 07:00 to 07:59</td><td>20 – 08:00 to 08:59</td></tr><tr><td>08 – 08:00 to 08:59</td><td>21 – 09:00 to 09:59</td></tr><tr><td>09 – 09:00 to 09:59</td><td>22 – 10:00 to 10:59</td></tr><tr><td>10 – 10:00 to 10:59</td><td>23 – 11:00 to 11:59</td></tr><tr><td>11 – 11:00 to 11:59</td><td>99 – Unknown</td></tr><tr><td>12 – 12:00 noon to 12:59</td><td></td></tr></table>	The hour on a 24-hour clock during which the patient's visit began for ambulatory surgery (type of service=1); or during which registration occurred in the emergency department (type of service=2).		00 – 12:00 midnight to 12:59	13 – 01:00 to 01:59	01 – 01:00 to 01:59	14 – 02:00 to 02:59	02 – 02:00 to 02:59	15 – 03:00 to 03:59	03 – 03:00 to 03:39	16 – 04:00 to 04:59	04 – 04:00 to 04:59	17 – 05:00 to 05:59	05 – 05:00 to 05:59	18 – 06:00 to 06:59	06 – 06:00 to 06:59	19 – 07:00 to 07:59	07 – 07:00 to 07:59	20 – 08:00 to 08:59	08 – 08:00 to 08:59	21 – 09:00 to 09:59	09 – 09:00 to 09:59	22 – 10:00 to 10:59	10 – 10:00 to 10:59	23 – 11:00 to 11:59	11 – 11:00 to 11:59	99 – Unknown	12 – 12:00 noon to 12:59	
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DATA ELEMENT NAME AND COLUMN HEADING		DESCRIPTION
18	<b>Patient's Reason for Visit ICD-CM Code (Admitting Diagnosis) reason_cde</b>	The code representing the patient's chief complaint or stated reason For seeking care. If type of service =1 Space Filled If type of service =2 ICD-9-CM code or blank if patient fails to disclose or the information is not available consistent with records of reporting entity. Includes decimal point.
19	<b>Patient Status pt_status</b>	Patient disposition at the end of the visit. Must be two digit code: <b>01</b> – Discharged to home or self care (with or without planned outpatient medical care) <b>02</b> – Transferred to a short-term general hospital <b>03</b> – Transferred to a skilled nursing facility <b>04</b> – Transferred to an intermediate care facility <b>05</b> – Transferred to another type of institution (psychiatric, cancer or children's hospital or distinct part unit) <b>06</b> – Discharged to home under the care of home health care organization <b>07</b> – Left against medical advice or discontinued care <b>08</b> – Discharged to home under care of home IV provider <b>20</b> – Expired <b>50</b> – Discharged to hospice-home <b>51</b> – Transferred to hospice-medical facility <b>62</b> – Transferred to an inpatient rehabilitation facility including distinct units of a hospital
20	<b>Principal Payer Code payer</b>	Primary source of expected reimbursement, one digit code: <b>A</b> – Medicare <b>B</b> – Medicare HMO <b>C</b> – Medicaid <b>D</b> – Medicaid HMO <b>E</b> – Commercial Insurance <b>F</b> – Commercial HMO <b>G</b> – Commercial PPO <b>H</b> – Workers' Compensation <b>I</b> – CHAMPUS <b>J</b> – VA <b>K</b> – Other State/Local Government <b>L</b> – Self pay. No third party coverage <b>M</b> – Other <b>N</b> – Charity <b>O</b> – Kidcare. Includes Healthy Kids, MediKids and CMS <b>P</b> – Unknown. Reported only if payer information is not available, and type of service is "2" and patient status is "07"
21	<b>Principal CPT or HCPCS Procedure Code princptc</b>	A code representative of the services provided or procedures performed. <b>If type of service =1</b> CPT code between 10000-69999, inclusive, or 93500-93599 inclusive. <b>If type of service =2</b> , and patient status is not "07" contains HCPCS or CPT evaluation and management code. May be a blank field consistent with records of the reporting entity.
22	<b>(1 of 9) Other CPT or HCPCS Codes othcpt1 – othcpt9</b>	Up to 9 secondary CPT or HCPCS procedure codes may be reported.

DATA ELEMENT NAME AND COLUMN HEADING		DESCRIPTION
23	<b>Principal Diagnosis Code</b>  prindiag	If type of service=1, the ICD-9-CM diagnosis code representing the diagnosis chiefly responsible for the services performed during the visit. Includes decimal point. If type of service =2, the ICD-9-CM diagnosis code including decimal point or blank if patient status is "07" consistent with the records of the reporting entity.
24	<b>(1 of 9) Other Diagnosis (ICD-CM) Code</b>  othdiag1 – othdiag9	Up to 9 secondary ICD-9-CM codes representing a diagnosis related to the services provided during the visit. Less than nine or space filled permitted consistent with the records of the reporting entity. Includes decimal point.
25	<b>Principal ICD-9- CM Procedure Code</b>  prinproc	The ICD-9-CM procedure code representing the procedure or service most related to the principal diagnosis. May be space filled consistent with the records of the reporting entity or ICD-9-CM procedure code. Includes decimal point.
26	<b>(1 of 4) Other ICD-9-CM Procedure Code</b>  othproc1 – othproc4	Up to 4 secondary ICD-9-CM procedure codes representing a procedure or service provided during the visit. Less than four or space filled permitted consistent with the records of the reporting entity. Includes decimal point.
27	<b>(1 of 3) External Cause of Injury Code</b>  ecode1 – ecode3	Up to 3 ICD-9-CM cause of injury codes representing circumstances or conditions as the cause of injury, poisoning, or other adverse effects recorded as a diagnosis. Less than three or space filled consistent with the records of the reporting entity. Includes decimal point.
28	<b>Attending Physician ID Number</b>  attenphyid	The Florida license number of the attending physician, an alpha-numeric field of up to eleven characters. US = Military physicians not licensed in Florida NA = Patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or ARNP.
29	<b>Operating or Performing Physician ID Number</b>  operphyid	The Florida license number of the operating or performing physician, an alpha-numeric field of up to eleven characters. US = Military physicians not licensed in Florida
30	<b>Other Physician ID Number</b>  otherphyid	The Florida license number of another physician, other than the attending or operating. May be blank or no entry consistent with the records of the reporting entity. US = Military physicians not licensed in Florida
31	<b>Revenue Charges</b>  (itemized charges 1-11)	Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges.

DATA ELEMENT NAME AND COLUMN HEADING		DESCRIPTION
	<b>Pharmacy Charges</b> (1) pharmchgs	Charges for medication. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Medical and Surgical Supply Charges</b> (2) medchgs	Charges for supply items required for patient care. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Laboratory Charges</b> (3) labchgs	Charges for the performance of diagnostic and routine clinical lab tests. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Radiology and Other Imaging Charges</b> (4) radchgs	Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging, nuclear medicine, and chemotherapy administration of radioactive substances. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Cardiology Charges</b> (5) cardiochgs	Facility charges for cardiac procedures rendered such as catheterization. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Operating Room Charges</b> (6) oprmchgs	Charges for the use of the operating room. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Anesthesia Charges</b> (7) aneschgs	Charges for anesthesia services by the facility. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Recovery Room Charges</b> (8) recovchgs	Charges for the use of the recovery room. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Emergency Room Charges</b> (9) erchgs	Charges for medical examinations and emergency treatment. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Treatment or Observation Room Charges</b> (10) obserchgs	Charges for use of a treatment room or for the room charge associated with observation services. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
	<b>Other Charges</b> (11) othchgs	Other facility charges not included in categories above. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.
32	<b>Total Gross Charges</b> tchgs	The total of undiscounted charges for services rendered by the reporting entity. Sum of all charges must equal total charges, plus or minus 10. Charges are reported in dollars numerically without dollar signs or commas, excluding cents. Negative amounts are permitted if verified.

## **FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)**

<b>LOCAL HEALTH COUNCIL</b>	<b>COUNTIES</b>
1	Escambia, Okaloosa, Santa Rosa And Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla And Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia
5	Pasco And Pinellas
6	Hardee, Highlands, Hillsborough, Manatee And Polk
7	Brevard, Orange, Osceola And Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie
10	Broward
11	Miami-Dade And Monroe

## **FLORIDA COUNTIES BY NUMBER AND REGION**

<b>NUMBER</b>	<b>COUNTY</b>	<b>REGION</b>	<b>NUMBER</b>	<b>COUNTY</b>	<b>REGION</b>
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_